

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43994

BIRTH NO. _____ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 5709 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Erie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Erie	
c. LENGTH OF STAY (in this place) 8 years		d. STREET ADDRESS (If rural, give location) 4 miles south of Goodman	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles south of Goodman		e. STREET ADDRESS 4 miles south of Goodman	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Grover c. (Last) Holloway		4. DATE OF DEATH (Month) (Day) (Year) December 25, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 26, 1891
9. AGE (In years last birthday) 59	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Holloway		13b. MOTHER'S MAIDEN NAME Charlotta Howard	
14. NAME OF HUSBAND OR WIFE Ena Geneva Holloway		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ena Geneva Holloway	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Green shot wounds in head ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 976 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Erie Township, McDonald Co., Mo.	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-25-1950-6:00 P		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Self Inflicted Gun Shot Wound	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE R. M. Humphrey		23b. ADDRESS 3 Prairie, Pineville, Mo.	
23c. DATE SIGNED 12-29-50		24. BURIAL, CREMATION, REMOVAL (Specify) burial	
24a. DATE December 28, 50		24b. NAME OF CEMETERY OR CREMATORY Anderson Cemetery	
24c. LOCATION (City, town, or county) (State) Anderson, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE John R. Papineau	
25. DATE REC'D BY LOCAL REG. Jan. 18/51		25. REGISTRAR'S SIGNATURE Mrs. Fred W. Smith	

DIVISION OF HEALTH MD.
District No. 2

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Dist. File 45-1-769

Date Filed 4-11-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John B. Papinian

Licensed Embalmer No. 4446

P. O. Address

Goodman, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.